

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 576994

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
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17		1				
18		1				
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24		1				
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26		1				
27		1				
28		1				
29	1					
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41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			7		↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	52					